

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-15-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 90801, 90908 and 90830.

II. FINDINGS

The respondent denied reimbursement based upon "V – Unnecessary treatment (with peer review.)

On 10-10-02, the insurance carrier's representative, ___ Gave preauthorization approval for testing X 3hrs & PPA Eval X 1hr.; therefore, the insurance carrier is in violation of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medically unnecessary.

The insurance carrier indicated in their response to the request for medical dispute resolution that after further review the requestor is entitled to reimbursement of \$545.00 per MFG.

On 3-3-04, the Medical Review Division contacted the requestor to verify that payment of \$545.00, the MAR allowed per MFG for the disputed service had been made. Rhonda stated that payment had not been received.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 90801, 90908 and 90830 in the amount of **\$ 545.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$545.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division